

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

KENIN MEYNARDIE FOR CONGRESS

ADDRESS (number and street)

1921 ARLINGTON ARCH DR

☐

(Check if address
is changed)

VIRGINIA BEACH

CITY ▲

VA

STATE ▲

23464

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

KENINMEYNARDIEFORCONGRESS@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

KENINMEYNARDIEFORCONGRESS.COM

2. DATE

03 / 11 / 2013

3. FEC IDENTIFICATION NUMBER ►

☐

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Margaret Meynardie

Signature of Treasurer

Margaret Meynardie

Date

03 / 16 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

13031050627

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

KENIN MEYNARDIE

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

VA

District

02

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☒ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐

In addition, this committee is a Lobbyist/Registrant PAC.

☐

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

FEC ID number

C

2.

FEC ID number

C

3.

FEC ID number

C

4.

FEC ID number

C

13031050628

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name

TREASURER

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

MARGARET MARIA MENNARDIE

Mailing Address

11921 ARLINGTON ARCH DR

NIRGINIA BEACH

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

757-274-4619

13031050629

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9: **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

HERITAGE BANK

Mailing Address

PO Box 3749

NORFOLK

VA

23514

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address


CITY

STATE

ZIP CODE

13031050630

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	3/22/13 DATE PREPARED

(3/2005)

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